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APPLICANTS

John J. O'Mahony, Hackensack, NJ;

Andrew Hal Pert, New York, NY;

Mark Gelfand, New York, NY;

** CONTINUING DATA *****

This application is a DIV of 09/833,798 04/13/2001 PAT 6,773,412

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 9	TOTAL CLAIMS 12 19	INDEPENDENT CLAIMS 2 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

23117
 NIXON & VANDERHYE, PC
 1100 N GLEBE ROAD
 8TH FLOOR
 ARLINGTON, VA
 22201-4714

TITLE

USER INTERFACE FOR BLOOD TREATMENT DEVICE

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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